



2023 Angels

Purchase an angel to honor or remember a loved one this year. Each angel is hand crafted by our volunteers. The angels will be personalized and placed on our angel trees with a \$12 donation.

Order Angels...

- ◆ Mail this form: 960 N. First St. Albemarle, NC 28001
- ◆ Visit our website: tillerycompassionatecare.org
- ◆ Return the order form to the Tillery Compassionate Care office (Leave in dropbox on front door)

Angel Purchased by: _____ Phone: _____

Your Address: _____

City _____ State _____ Zip _____

I wish to purchase _____ angels @ \$12 each Amount enclosed \$ _____

Only one name per Angel

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____
Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____
Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

If you need additional space, please use the back of this form.
 Purchased angels will be available for pickup by ***Purchaser only***
 January 17th & 18th from 10am until 4:00pm.

Your gift allows us to continue our focus on the comfort of our patients—and the spiritual, emotional, psychological support we provide to both patient and family alike.

For more information call 704-983-4216



For office use only:
 Cash _____
 Check _____
 Credit _____

Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____
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Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____	Name on Angel: _____ Please Circle: Memory Honor Send acknowledgement to: _____ Address: _____ _____

For Credit Card Sales Only

Name on Credit Card: _____ Phone: _____
Address of Card Holder: _____
City: _____ State: _____ Zip: _____
Credit Card Number: _____
Expiration Date: _____
3 Digit Code on Back of Card: _____
Date: _____
Total sales:\$ _____

Make a copy as purchaser's receipt if requested